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7590

03/05/2004

John P. Ward  
 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP  
 Seventh Floor  
 12400 Wilshire Boulevard  
 Los Angeles, CA 90025-1026

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T.J. DELGADO	(Depositor's name)
	(Signature)
6/7/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/823,881	03/30/2001	Himanshu Pokharna	42390.P10716	7143

TITLE OF INVENTION: DOCKING STATION TO COOL A NOTEBOOK COMPUTER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/07/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHERVINSKY, BORIS LEO	2835	361-690000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **BLAKELY, SOKOLOFF,**  
**TAYLOR & ZAFMAN LLP**  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

INTEL CORPORATION

SANTA CLARA, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies \_\_\_\_\_

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **02-2666** (enclose an extra copy of this form).

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(Date)

EDWIN H. TAYLOR REG. NO. 25,129 6/1/2004

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